								Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective January 1, 2003									00	19	4308	Y
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY			OTHER THAN OR SMALL ENTITY			
TO	OTAL CLAIMS		(Coldifility) (Coldifility)			11111 21	RATE FEE			OR		
			NUMBER		AU IME	NUMBER EXTRA				-	RATE	FEE
FOR			NUMBER		NOME	DEM EXTHA	BASIC	, EE	\$375	OR	BASIC FEE	\$750
TOTAL CHARGEABLE CLAIMS			mi	nus 20=	*		X\$ 9)=		OR	X\$18=	
	DEPENDENT CL		L	inus 3 =		X42				OR	X84=	
ML	JLTIPLE DEPEN	IDENT CLAIM PI	RESENT				+140)=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2					TOTA	٩L		OR	TOTAL			
CLAIMS AS AMENDED - PART II											OTHER	THAN
	(Column 1) (Column 2) (Column 3)						SMALL ENTITY			OR.	SMALL	ENTITY
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 19	Minus	#3	/	=	X\$ 9	=	•	OR	X\$18=	
	Independent	. 3	Miņus	*** 6	2	=	X42			OR	X84=	
<u></u>	FIRST PRESE	NTATION OF MU	DETIPLE DE	PENDENT	CLAIM		+140	_		OR	+ 280=	
							TO	TAL		ارا	TOTAL	
		(Column 1) (Column 2) (Column 3)						EE		1 011,	ADDIT. FEE	
NDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	EST BER DUSLY	PRESENT EXTRA	RATI	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
P	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
AME	Independent	*	Minus	***		='	X42			OR	X84=	
L	FIRST PRESE	NTATION OF MU	OF MULTIPLE DEPENDENT		CLAIM			1		į		
							+140			OR	+280=	
							TOT ADDIT. F			OR ,	TOTAL ADDIT. FEE	
_		(Column 1) CLAIMS	Dept. S. den experience	(Colun		(Column 3)				_		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9:	=		OR	X\$18=	,
ME	Independent	*	Minus	***		=	X42=	7			X84=	
_	FIRST PRESE	NTATION OF ML	ULTIPLE DE	PENDENT	CLAIM			\dashv		OR		
	* If the cotty in column 4 is long that the cotty is achieve 0.							=		OR	+280=	
**	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." 							AL EE		OR A	TOTAL DDIT. FEE	
		mber Previously Pa Iber Previously Paid					found in the	appr	opriate box			

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

0 2343084

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
(Colum				1)	(Column 2)			TYPE		OR	SMALL	
TOTAL CLAIMS			31	,i				RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ī	BASIC FEE	355.00	OR	BASIC FEE	710.00
TC	TAL CHARGE	ABLE CLAIMS	31 mir	3/ minus 20=		* * 1		X\$ 9=		OR	X\$18=	198.00
INC	DEPENDENT C	LAIMS	6 mi	inus 3 =	3			X40=		OR	X80=	240,00
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		1	+270=	270,2
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	 	OR OR	TOTAL	140
CLAIMS AS AMENDED - PART II								IOIAL	L	JOn	OTHER	THAN
		(Column 1)		(Colui	mn 2)	(Column 3) SMALL E			ENTITY	OR	SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	·	=		X\$ 9=		OR	X\$18≈	
AME	Independent	* ENTATION OF MI	Minus	***	TOL ALIA	=		X40=		OR	X80=	
<u> </u>	FINOT FRESE	:NTATION OF WI	OLIPLE DEF	'ENDEN	I CLAIIVI			+135=		OR	+270=	
							_	TOTAL			TOTAL	
		(Column 1)		(Colur	mn 2)	(Column 3)	AI	DDIT. FEE			ADDIT. FEE	<u></u>
NT B		CLAIMS REMAINING AFTER	(215)	HIGH NUM PREVIO	HEST IBER OUSLY	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
AMENDMENT B	Total	*	Minus	PAID **	FUH	=	-	X\$ 9=	FEE	20	X\$18≃	FEE
MEN	Independent		Minus	***		=	+			OR		
A	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	DEPENDENT CLAIM			L	X40=		OR	X80=	
								+135=		OR	+270≈	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
	Book of the Manager Age of the A	(Column 1)		(Colur		(Column 3)						
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	•	Minus	***		=	-	X40=				
✓	FIRST PRESE	NTATION OF MU	ULTIPLE DEP	PENDENT	CLAIM		-	λ40=		OR	X80=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
** If the "Highest Number Provincedy Reid For" IN TUIC COACE is less than 00 anter 100."									TOTAL ADDIT. FEE			
						highact number						